

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/786963

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/	①				
5	/					
6	/					
7	/					
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
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TOTAL IND.	6					
TOTAL DEP.	16					
TOTAL CLAIMS	22					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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